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CONFIRMATION NO. 7493

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/544,123		250	1618	BR-033 PUS 01

APPLICANTS

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**** CONTINUING DATA *******

This application is a 371 of PCT/IB04/00243 02/03/2004

**** FOREIGN APPLICATIONS *******

EUROPEAN PATENT OFFICE (EPO) 03002375.8 02/04/2003

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

04/06/2006

Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		SWITZERLAND	0	55	3

ADDRESS

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TITLE

Ultrasound contrast agents and process for the preparation thereof

FILING FEE RECEIVED 3780	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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